

# APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

Hospital Wasatch County Hospital City and State Heber City, Utah

Name in Full Reynolds, Joseph W. Date 8-27-74

Office Address 3920 South 1100 East Telephone 262-6492

Residence Address 375 East Brahma Drive Murray, Utah Telephone 262-4448

Sex M Marital Status Married No. of Dependents 5 Citizenship U.S.A.

Date of Birth 4-11-39 Birthplace Visalia, Tulare County, California

Premedical Education: College or University San Francisco State University

Degree B.A. Date of Graduation June 1965

Medical Education: Medical School California College of Podiatric Medicine

Degree Doctor of Podiatric Medicine (D.P.M.) Date of Graduation May 1969

Internship: Hospital \_\_\_\_\_ Date \_\_\_\_\_ Rotating ☐ Special ☐

\_\_\_\_\_ Date \_\_\_\_\_ Rotating ☐ Special ☐

Licensures California License No. E 1336 Registry No. AR 1382908 Reciprocity ☐ Examination ☒

Utah License No. 69 Registry No. AR 5623954 Reciprocity ☒ Examination ☒

Has your license to practice medicine in any jurisdiction ever been suspended or revoked? If so, give full details on separate sheet.

Residencies \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ HOSPITAL AND TYPE OF RESIDENCY \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ HOSPITAL AND TYPE OF RESIDENCY \_\_\_\_\_ Date \_\_\_\_\_

Fellowship \_\_\_\_\_ Date \_\_\_\_\_

Assistantships \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Teaching Appointments \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Postgraduate Education Continuing education program of the California Date \_\_\_\_\_

Podiatry Association ( fulfilling 50 hrs. per year Date \_\_\_\_\_

certified work). Date \_\_\_\_\_

Membership on Other Hospital Staffs (past and present) Visalia Community Hospital 11-23-70

P.O. Box 911 1633 S. Court St. Visalia, California 93277

Sierra View District Hospital 465 W. Putman Ave. Porterville, California 12-10-69

Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed? If so, explain in full detail on separate sheet.

Membership in Medical Societies American Podiatry Association, California Podiatry Association,

Utah Podiatry Association, Public Health League, American Public Health Association.

Have you ever been denied membership or a renewal thereof, or been subject to disciplinary proceedings in any medical organization? If so, give full details on separate sheet.

Associate Foot American College of Surgeons ☒ American College of Physicians ☐ Date \_\_\_\_\_

Fellowship in other specialty colleges \_\_\_\_\_ NAME OF COLLEGE \_\_\_\_\_ Date \_\_\_\_\_

Certified by American Board of \_\_\_\_\_ NAME OF BOARD \_\_\_\_\_ Date \_\_\_\_\_

References and Addresses (preferably preceptors or previous medical associates) See separate sheet.

On separate sheets list scientific papers, essays, and theses you have written, and scientific meetings you have attended during the past 5 years.

Privileged: Surgery of the foot - elective and traumatic.

Previous Experience in Specialties Applied for: Four years active surgical practice in California in hospital and office, one year experience in Utah.

General Surgery: Number of Operations Performed 850 Number of Operations as Assistant 250

Names of Preceptors Roger Johnson, D.P.M.

Gynecology: Number of Gynecological Operations Performed \_\_\_\_\_

Number of Gynecological Operations Performed as Assistant \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

Obstetrics: Number of Normal Deliveries Performed \_\_\_\_\_ Number of Abnormal Deliveries Performed \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

Medicine: (Describe experience in general medicine) \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

Other Specialties: (Name and describe experience) \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

In making application for appointment to the medical staff of this hospital I agree to abide by its bylaws and by such rules and regulations as it may from time to time enact. Moreover, I specifically pledge that I will not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services, and I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal from the staff.

James M. D. P.M.  
SIGNATURE OF APPLICANT

M.D.

### CREDENTIALS COMMITTEE

Approved by the Credentials Committee with the Following Recommendations:

Appoint to the Medical Staff ☐ Honorary ☐ Active ☐ Associate ☐ Courtesy ☐ Division of the Medical Staff

With Privileges in \_\_\_\_\_ With Privileges Limited to \_\_\_\_\_

Appointment to be Deferred \_\_\_\_\_ Appointment Not Recommended \_\_\_\_\_

Signed: \_\_\_\_\_ M.D. \_\_\_\_\_ M.D.

Date: \_\_\_\_\_ M.D. \_\_\_\_\_

### EXECUTIVE COMMITTEE

Approved by the Executive Committee of the Medical Staff of \_\_\_\_\_ NAME OF HOSPITAL

Date: \_\_\_\_\_ SECRETARY OF EXECUTIVE COMMITTEE \_\_\_\_\_ M.D.

### GOVERNING BOARD

Approved by the Governing Board of \_\_\_\_\_ NAME OF HOSPITAL

Date: \_\_\_\_\_ SECRETARY OF GOVERNING BOARD \_\_\_\_\_ M.D.